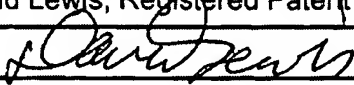
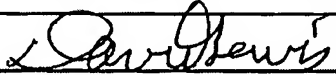


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TRANSMITTAL FORM	Application Number	10/003,341
	Filing Date	10/31/2001
	First Named Inventor	Varda Treibach-Heck
	Art Unit	3627
	Examiner Name	Asfand M. Sheikh
(to be used for all correspondence after initial filing)		
Total Number of Pages in This Submission	5	Attorney Docket Number 58-2

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input checked="" type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Information Disclosure Cover Letter.
<div style="border: 1px solid black; padding: 2px;">Remarks</div>		
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT		
Firm Name	David Lewis, Registered Patent Agent	
Signature		
Printed name	David Lewis	
Date	Feb-6-2008	Reg. No. 33,101

CERTIFICATE OF TRANSMISSION/MAILING		
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:		
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Feb 6, 2008.

David Lewis
David Lewis

Serial Number:	10/003,341
Art Unit:	3627
Filing Date:	October 31 st , 2001
First Named Inventor:	Varda Treibach-Heck
Docket Number:	58-2
Confirmation Number:	5260
Title:	Multi-Party Reporting System and Method

Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450

Information Disclosure Statement

Attached is a form PTO SB/08 (in duplicate) in compliance with 37 CFR §1.97 and §1.98.

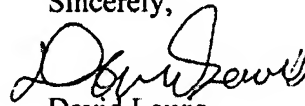
The references listed on the PTO/SB/08 may or may not be material to the prosecution and may or may not be prior art. The submission of this information disclosure statement is not to be construed as an admission that this reference is material to this application or is prior art.

Each item of information contained in the attached information disclosure statement is either (1) another patent having at least one common inventor (2) a patent application having at least one common inventor, or (3) was first cited in one or both of US 2007/0206223 A1, and US 7,212,301 (the parent application of US 2007/0206223 A1).

Attached to an information disclosure statement filed on the same day as this information disclosure statement is a fee transmittal charging the appropriate amount to the applicant's representative's charge account for filing an information disclosure statement. Since both information disclosure statements are being filed on the same day, they are the same filing and only one fee needs to be paid. It is therefore the understanding of the Applicant that no further fees are required, however if that is incorrect, the Commissioner is authorized to charge account number 503345 (e.g., if an insufficient fee was submitted or if no fee was submitted and a fee was required).

The Examiner is invited to call the Applicant's representative at the number below if it will further the prosecution or expedite resolving any issues in any way.

Feb-6, 2008
Date

Sincerely,

David Lewis

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